

Volunteer health questionnaire

(online application)

Thank you for applying to the GSK volunteer panel

This is confidential information

Please do not send this information via the Internet.

Please complete this health questionnaire in order for us to determine whether you may be able to participate in the clinical trials.

Once completed please send it back to us using the Freepost address below:

Cambridge Research Unit
Freepost Business Reply
Service No RTLS-TEHC-YJLU
GSK
CRU ACCI
Hills Road
Cambridge
CB2 2YA

Once we have received your application, if we think it is possible for you to be involved in clinical studies, we will invite you to come for an initial medical assessment. If you are successful, we will need to contact your doctor (GP) in order to provide us with medical information about you.

We appreciate all your time and effort with this application. Thank you for your interest.

For office use only

Volunteer ID No

Date

Your details

First names

Surname

Title Dr/Mr/Mrs/Ms/Miss

Date of birth Day/Month/Year

Age

Height

Weight

Student

Yes No

Location of education

If medical student, have you got your Dean's permission to proceed in clinical trials?

Yes No

Please tick one of the following boxes which describes your ethnicity

Hispanic or Latino

Not Hispanic or Latino

Please tick all that are applicable to your ethnic origin

African American Heritage

American Indian or Alaskan Native

Asian – Central/South Asian Heritage

Asian – East Asian Heritage

Asian – Japanese Heritage

Asian – South East Asian Heritage

White – Arabic/North African Heritage

White – Caucasian/European Heritage

Native Hawaiian or other Pacific Islander

Home address

Address

Postcode

Email

Telephone number

Mobile number

Can we leave a message with your family or leave a message on an answer machine?

 Yes No

Work address

Address

Postcode

Email

Telephone number

Can we contact you at work?

 Yes No

Your GP**Are you registered with a UK GP under your present address?** Yes No**How long have you been registered with your UK GP?**

We must have the name and address of your UK GP or an English speaking doctor who can supply your up-to-date medical information before you join the panel. You have to be registered with a UK GP before we can commence a study.

GP and Surgery name

Address

Postcode

Telephone number

Fax (if known)

Next of kin

Name

Relationship

Address

Postcode

Telephone number

Does this person know you have made this application?

Yes No

Can we contact this person if required?

Yes No

Miscellaneous

Where did you hear about joining GSK panel?

Have you ever participated in clinical studies in the past?

Yes No

It is dangerous to your health to undertake more than 1 study at any one time. Before you undertake a study we will need your permission to contact any previous research organisation where you may have taken part in clinical trials. See page 11.

Are you a blood donor?

Yes No

Are you left or right handed?

Left Right

Please specify any special dietary requirements. e.g. vegetarian

Past medical history

Please answer the following questions, if answering YES to any of the following please give as much detail as possible.

Have you suffered from

- Heart attack or Angina..... Yes No
- Rheumatic fever..... Yes No
- Heart murmurs..... Yes No
- High blood pressure..... Yes No
- Anaemia..... Yes No
- Other problems with your heart & circulation (please specify) Yes No

Please give details of dates of illness and any treatment.
Please state if treatment is current.

- Asthma..... Yes No
- Bronchitis/Emphysema..... Yes No
- Tuberculosis (TB)..... Yes No
- Other lung problems (please specify)..... Yes No

Please give details of dates of illness and any treatment.
Please state if treatment is current.

- Stomach/Duodenal ulcer Yes No
- Irritable Bowel Syndrome..... Yes No
- Indigestion (how often do you get it?) Yes No
- Other digestive problems (please specify) Yes No

Please give details of dates of illness and any treatment.
Please state if treatment is current.

Past medical history

continued

Have you suffered from

- Migraine (No. per year)..... Yes No
- Recurring headaches..... Yes No
- Fits..... Yes No
- Head injury with loss of consciousness..... Yes No
- Epilepsy..... Yes No
- Faints Yes No
- Blackouts Yes No
- Other neurological problems (please specify) Yes No

Please give details of dates of illness and any treatment.
Please state if treatment is current.

- Hepatitis..... Yes No
- Jaundice (at what age)..... Yes No
- Kidney or gall stones..... Yes No
- Recurrent cystitis Yes No
- Other kidney/liver problems or serious infections..... Yes No
(please specify)

Please give details of dates of illness and any treatment.
Please state if treatment is current.

- Diabetes..... Yes No
- Thyroid disorder..... Yes No
- Other hormone disorder (please specify) Yes No

Please give details of dates of illness and any treatment.
Please state if treatment is current.

Past medical history

continued

Have you suffered from

Psoriasis..... Yes No

Dermatitis..... Yes No

Eczema..... Yes No

Other skin problems (please specify) Yes No

[Empty text box for skin problems details]

Please give details of dates of illness and any treatment.

Please state if treatment is current.

[Empty text box for skin illness details]

Arthritis Yes No

Other joint, muscle or bone problems (please specify) Yes No

[Empty text box for joint/muscle/bone problems details]

Please give details of dates of illness and any treatment.

Please state if treatment is current.

[Empty text box for joint/muscle/bone illness details]

Hayfever Yes No

if yes, do you take medication? Yes No

Do you get it in the summer? Yes No

If YES, please give details

[Empty text box for hayfever details]

Allergies..... Yes No

Exactly what you are allergic to?

What happens to you e.g. rash, swelling, breathing difficulties?

Please give details of dates of illness and any treatment.

Please state if treatment is current.

[Empty text box for allergy details]

Past medical history

continued

Have you ever suffered or do you suffer with anxiety attacks or depression?

Yes No

If yes, can you provide us with details of:

- i) when this happened
- ii) was this caused by a specific event?
- iii) your treatment e.g. did you require counselling, psychiatric referral, medication

Have you ever suffered or do you suffer with an eating disorder?

Yes No

Have you ever received treatment for a psychiatric disorder?

Yes No

If yes, please give details.

Have you undergone an operation or any surgical procedure?

Yes No

If yes, please give details (including approximate dates)

Have you ever attended a hospital as an inpatient?

Yes No

Have you ever attended a hospital as an outpatient?

Yes No

If yes, please give details.

Current health

Are you taking any medication at the moment from your doctor or that you have bought yourself? (including iron, vitamins or supplements, HRT or contraceptive pill)

Yes No

If yes, please give details.

Are you currently awaiting a hospital appointment?

Yes No

If yes, please give details.

Current health

continued

Do you smoke? Yes No

i) If yes, how many per day

ii) If previous smoker please state when you gave up

iii) How many did you smoke?

iv) Do you use nicotine replacement therapy?

 Yes No**Do you drink alcohol?** Yes No

If yes, on average how many units a week do you drink?

(1 unit = 1/2 pint beer or 1 glass wine or 1 measure spirit)

Do you take any recreational drugs for example cannabis, ecstasy etc? Yes No**Have you required travel or work related immunisations within the last 3 months?** Yes No**Are you undergoing a course of vaccinations?** Yes No

If yes, please give details.

Do you have tattoos, body piercing or metal plates/pins on/in your person? Yes No

If yes, please give details e.g. positioning, colour, date and age of tattoo.

If you have any medical problems at present, please provide us with details

Declaration

I confirm that all of the above information is correct and understand that giving false information or withholding information may put my health at risk in volunteer studies.

Signature

Date

For women

You must NOT take part in trials if you suspect you are pregnant or you are trying for a family.

Have you any children under 1 year? Yes No

If yes, how old?.....

Are you breast feeding? Yes No

Have you ever been referred to a specialist because of an abnormal smear?..... Yes No

Have you ever suffered with endometriosis? Yes No

I (print name)

confirm that all of the information is correct and understand that withholding information may put my health at risk in volunteer studies.

Signature

Date

Permission to access the Clinical Trials National Database

It is potentially dangerous to participate in more than one clinical study at any one time, as you could be exposed to substances that interact with each other.

Accordingly, it is GSK's policy that we should ask our volunteers not to participate in more than one study at any time.

In order to safeguard the wellbeing of our volunteers, we can access a national clinical trials database compiled by research units, which allows research organisations like ours to verify that an individual volunteer is not participating in a study elsewhere.

In order to check the clinical trials database, we need you to provide us with your National Insurance number (if you are a UK resident), and some form of photo identification. This might be your passport (which we must see if you are not a UK resident), or if you cannot provide your passport, your driving licence. We need to see photographic ID to verify your identity. It is important to emphasise that neither your name nor any other personal information is entered into the clinical trials database.

If you do not give your permission you cannot participate in clinical studies with GSK. You may also find that most other research organisations access this database and will request similar information and permission from you.

- I will inform you if I am (or have been) registered with other research organisations and I authorise you to enquire about my participation and registration in studies elsewhere.
- I understand that it is a safety requirement of GSK's Clinical Research Unit, to check that I am not participating in other clinical studies.
- I give my permission for my National Insurance Number (if UK resident) or Passport number and country of origin (if non UK resident), and the date on which I receive any dose of study medication, or the fact that I have not received any medication, to be submitted to a clinical trials database, and for that information to be processed in the way described in this form (including its being accessed by other research units, to check my eligibility for participation in other clinical studies).
- I also give my permission for GSK Clinical Research Unit to retain the details of my National Insurance Number, or my Passport Number, as part of my medical notes, to be used subsequently for further periodic checks against the clinical trials database.
- I understand that my identity will need to be with photo ID e.g. my passport or driving licence.
- where my personal identifiable details are held by GSK, they will be held in secure conditions, and that only personnel authorised by GSK can have access to that information.

I have read this form, and do give my permission for GSK and other research units to process my information in the way described.

Signature

Date

Declaration**Name****Date of birth**

- I voluntarily agree to enrol on the GSK Volunteer Panel.
- I understand that I am free to withdraw from the Volunteer Panel at any time.
- I understand that the GSK will use my personal identifiable information (including medical records) to decide whether I can be enrolled onto the Volunteer Panel and to determine whether I might be eligible to take part in further medical research studies.
- I understand that I may access, view or request a copy of my personal identifiable information stored by GSK.
- I understand my personal identifiable information will be held securely on a database and treated as confidential. Access to that information will be limited to authorised staff within GSK.
- I agree to government regulatory bodies, select people working for GSK and organisations acting on behalf of GSK, having access to my personal identifiable information for inspection and audit purposes only. These persons are required to maintain the confidentiality of any personal information.
- I give my permission for blood samples to be taken and / or for medicals to be carried out as part of the routine procedures to remain on the panel as required.
- I agree for GSK to contact my GP, to ascertain my health status prior to each study should a period of more than 12 months elapse as long as I remain a member of the Volunteer panel. If I no longer wish my doctor to disclose information about me to GSK, then it is my responsibility to inform my GP to release no further information.
- Once accepted I will remain on the panel until I inform GSK that I would like to leave the panel or if GSK informs me that my name has had to be withdrawn.
- In the event that my application is not suitable for current studies, I will inform you if I require my application to be destroyed. Otherwise I understand that my application will be retained securely for a period of three years in the event that panel requirements alter in the future.

Signature**Date**